

# Inspection Report

<b>Name of Service:</b>	<b>The Cara</b>
<b>Provider:</b>	<b>Cara Care Home Ltd</b>
<b>Date of Inspection:</b>	<b>25 November 2025</b>

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Cara Care Home Ltd
<b>Responsible Individual:</b>	Mrs Elizabeth Kathleen Mary Lisk
<b>Registered Manager:</b>	Mrs Linda Jamieson
<p><b>Service Profile –</b> This home is a registered residential care home, which provides health and social care for up to 9 residents. The home operates over two floors. Residents have access to communal lounges, bathrooms and a dining room.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 25 November 2025, between 9.50 am and 3.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 11 March 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care. Residents said that living in the home was a good experience.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection, four areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## 3.0 The inspection

### 3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### 3.2 What people told us about the service

Residents spoken with described staff as 'lovely' and 'nice.' Residents comments included; "You would not get any better staff anywhere," and "The staff are lovely, I love it here."

Staff said that they enjoyed working in The Cara, staff said, "We all help each other out, and the support is very good from everyone."

Compliments to the home referred to the 'kindness and patience' of all the staff.

No additional feedback was received from residents, relatives or staff following the inspection.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. An area for improvement regarding recruitment was identified during a care inspection on 11 March 2025. No new staff have been recruited from this time; therefore, this area for improvement was not reviewed and is carried forward to the next inspection.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that the number and skills of the staff on duty met residents' needs.

A review of person in charge competency assessments evidenced that these had not been fully completed. An area for improvement was stated for a second time.

Review of staff training evidenced that there was no recorded evidence of staff attending their mandatory fire evacuation drill training within the required timeframe. An area for improvement was identified,

There was no evidence that all staff had received individual, formal supervision or an annual performance appraisal. Two areas for improvement were identified.

### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

Where a resident was at risk of falling, measures to reduce this risk were put in place. A review of documentation in relation to falls evidenced that falls care plans and risk assessments had not been updated following a fall, this is discussed further in section 3.3.3.

In addition to this, there was limited supplementary records in relation to post fall observations. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home.

Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Although care plans in relation to mobility, use of restraint and continence needs had been developed, a further review of care records indicated that some risk assessments and care plans were not fully reflective of the resident's needs. For example, there were no care plans in place for residents who had been assessed as having a high falls risk or at risk of choking. An area for improvement was identified.

Risk assessments for some residents had not been fully completed, reviewed or signed off in a timely manner and area for improvement was identified.

### **3.3.4 Quality and Management of Residents' Environment**

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

It was observed that a door in the conservatory area was propped open with a bin. An area for improvement was stated for a second time.

Unnamed toiletries were accessible in an unlocked cupboard in a bathroom and in the hairdressing salon. An area for improvement was identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control, which included policies and procedures and regular monitoring of the environment, and staff practice to ensure compliance.

### **3.3.5 Quality of Management Systems**

There has been no change in the management of the home since the last inspection.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. However, accidents and incidents records were not always fully and accurately completed. An area for improvement was identified.

On at least three occasions, accidents requiring medical advice were not appropriately notified to RQIA. An area for improvement has been stated for a second time.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	9*

\* the total number of areas for improvement includes two regulations that have been stated for a second time and one standard, which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Linda Jameson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> 25 November 2025	<p>The registered person shall ensure the practice of wedging open of fire doors ceases with immediate effect</p> <p>Ref: 2.0 &amp; .3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All wedges have been removed and disposed of staff have been spoken to again about the use of wedges in doors.            Signs have been placed on fire doors for staff to keep closed and not to wedge back.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> Second time  <b>To be completed by:</b> 25 November 2025	<p>The registered person shall ensure that all notifiable events are submitted to RQIA without delay.</p> <p>Ref: 2.0 &amp; 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b>            All notifiable events are being submitted to RQIA at present without delay. Staff have been updated again not to fill in the Accident and Incident book that advise given by GP is to monitor the resident when they have reported to the receptionist and the the GP has not given advise.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 25 November 2025	<p>The registered person shall ensure that all areas of the home to which residents have access are free from hazardous to their safety. This area from improvement is stated in reference to the storage of unnamed toiletries in the communal bathrooms and the hairdressing salon.</p> <p>Ref 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All toiletries have been removed and signs put up so this will not be repeated again.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time	<p>The registered person shall ensure all necessary pre-employment checks are in place prior to the commencement of employment.</p> <p>Ref: 2.0 &amp; 3.3.1</p>

<b>To be completed by:</b> 31 March 2026	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.1  <b>Stated:</b> Second time	The registered person shall ensure a competency assessment is in place for all staff who are responsible to take charge of the home in absence of the manager  Ref: 2.0 & 3.3.1
<b>To be completed by:</b> 31 December 2025	<b>Response by registered person detailing the actions taken:</b> All competency assessments are now in place.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2025	The registered person shall ensure that all staff attend a fire evacuation drill at least once a year and that records are kept of staff attendance.  Ref:3.3.1
	<b>Response by registered person detailing the actions taken:</b> A fire evacuation drill has been carried out on the 29/12/2025 and staff attendance recorded and signed by staff and manager.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 24.2  <b>Stated:</b> First time	The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months.  Ref: 3.3.1
<b>To be completed by:</b> 31 December 2025	<b>Response by registered person detailing the actions taken:</b> All staff supervisions are completed and up to date.
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 24.5  <b>Stated:</b> First time	The registered person shall ensure that all staff have formal recorded appraisal annually.  Ref: 3.3.1
<b>To be completed by:</b> 31 December 2025	<b>Response by registered person detailing the actions taken:</b> All staff appraisals are completed and up to date.

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 November 2025</p>	<p>The registered person shall ensure that post fall observation records are kept up to date, are legible and reflect accurately the delivery of care.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> All post falls observation records have been updated.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2025</p>	<p>The registered person shall ensure residents care plans are kept up to date with sufficient detail to direct the care required. This is stated with specific reference to falls and choking.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> All care plans are up to date and a choking risk assessment in place.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2025</p>	<p>The registered person shall ensure that all risk assessments are up to date and reflect the resident's current needs.</p> <p><b>Response by registered person detailing the actions taken:</b> These have been completed and all risk assessments updated.</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 22.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2025</p>	<p>The registered person shall ensure that the records held in the home are complete, accurate and up to date. This area for improvement is in relation to the recording of accidents and incidents with in the home.</p> <p><b>Response by registered person detailing the actions taken:</b> Manager is monitoring accident and incident book daily.</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



The Regulation and  
Quality Improvement  
Authority

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